



APPLICATION

Revocation of Convenience Zone Exemption

Mail to: **CalRecycle • Division of Recycling • Convenience Zone Section**
801 K Street • MS 15-59 • Sacramento, CA 95814-3533

1. Petitioner Information

Petitioner Name _____ Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Name of Company Petitioner Represents (If applicable) _____ Mailing Address _____

City _____ State _____ Zip _____ Phone _____

2. Exempted Zone(s) Proposed to be Revoked

Priority _____ Company Name of Supermarket _____ Address of Supermarket _____

1. _____

2. _____

3. _____

Attach additional sheet if necessary

3. Justification for Revocation

Attach additional sheet if necessary

4. Signature of Petitioner:

The applicant declares that all the information submitted for the Division's consideration is true and accurate to the best knowledge and belief of the undersigned.

Petitioner Signature _____ Title _____

(If Applicable)

Date _____